

CLAIMS ONLY								Application Number <i>10671158</i>		Filing Date	
								Applicant(s)			
								* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend
1	/						51				
2	/						52				
3	/						53				
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45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend	←		←		←		Total Depend	←		←	
Total Claims							Total Claims				